AMENDMENT TRANSMITTAL LETTER					Docket No. 320529447US4
Application No. 10/770,353-Conf. #7666		Filing Date February 2, 2004		Examiner J. M. Winter	Art Unit
olicant(s): Kris		rebidary	2, 200	0.10.17.110.	
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	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	37	- 54 =	0	x 52.00	0.00
Independent Claims	5	- 11 =	0	x 220.00	0.00
	Multiple Dependent Claims (check if applicable) Other fee (please specify): Petition for Extension of Time within second month TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				
Other fee (pleas	e specify): F			rithin second month	490.00
Other fee (pleas	e specify): F				490.00 490.00
Other fee (pleas	e specify): F	OR THIS AME	NDMENT:	ithin second month	
Other fee (pleas	e specify): F	OR THIS AME	NDMENT:	Small Entity	490.00
Other fee (pleas TOTAL ADDIT X Large Entity No additional	e specify): FIONAL FEE FO	or THIS AME	NDMENT: ndmentii		490.00
Other fee (pleas TOTAL ADDIT X Large Entity No additiona Please char	e specify): F ONAL FEE FO If fee is require ge Deposit Accorde amount of \$	or THIS AME	NDMENT: ndmentii to cover	Small Entity	490.00
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Other fee (pleas TOTAL ADDIT X Large Entity No additiona Please chart A check in the payment by the processor of the payment by the payment by the processor of the payment by	e specify): F ONAL FEE FO Il fee is require ge Deposit Acc ne amount of \$ EFT Account i is hereby auth	d for this amer	ndment. in to cover of \$490.00 is	Small Entity the amount of \$ _ the filing fee is enclohereby authorized.	490.00
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Dother fee (pleas TOTAL ADDIT X Large Entity No additiona Please char A check in the control of the control X Payment by X The Director as described X Credit a	e specify): F ONAL FEE FC If fee is require ge Deposit Acco ne amount of \$ EFT Account i is hereby auth to below. ny overpaymer any ackiltional fill	d for this americant No.	ndment. in to cover of \$490.00 is ge and credit	small Entity In the amount of \$ _ the filing fee is enclohereby authorized. Deposit Account Notes fees required under 3	490.00 posed. 50-0665